

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22684**
Registrar's No. **616**

FILED JUL 23 1951

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 616	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield - Rural, North Campbell Twp			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) Rt. 10 Springfield 0390			
3. NAME OF DECEASED (Type or Print) a. (First) DOLLIE		b. (Middle) JANE		c. (Last) CARSON		4. DATE OF DEATH (Month) (Day) (Year) July 15 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 22 1896		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Weldon J. Carter			13b. MOTHER'S MAIDEN NAME Dollie (?)		14. NAME OF HUSBAND OR WIFE Jack Carson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Carson Rt. 10 Springfield			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Diabetes mellitus					/
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
		19b. MAJOR FINDINGS OF OPERATION 260X					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/14, 1951 , to 7/15, 1951 , that I last saw the deceased alive on 7/15, 1951 , and that death occurred at 7:10 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE Edward Marcus M.D. (Degree or title)				23b. ADDRESS 623 Woodrup Rd		23c. DATE SIGNED 7/16/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17-51	24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery		24d. LOCATION (City, town, or county) (State) West of Springfield Mo.		
DATE REC'D BY LOCAL REG. 7-16-51		REGISTRAR'S SIGNATURE W.E. Handly		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

M. Crews - Woodrup

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700 20 1951

AUG 10 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

William B. Cantel

Signed.....
Student Embalmer

Licensed Embalmer No. *4820*

P. O. Address *Springfield, MS*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.